

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/889932

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/								
2		/		/		/	51						
3		/		/		/	52						
4		/		/		/	53						
5		3		/		/	54						
6		3		/		/	55						
7		0		/		/	56						
8		0		/		/	57						
9		0		/		/	58						
10		0		/		/	59						
11		0		/		/	60						
12		0		/		/	61						
13		0		/		/	62						
14		0		/		/	63						
15		0		/		/	64						
16		0		/		/	65						
17		0		/		/	66						
18		0		/		/	67						
19		0		/		/	68						
20		0		/		/	69						
21		0		/		/	70						
22		0		/		/	71						
23		0		/		/	72						
24		0		/		/	73						
25		0		/		/	74						
26		0		/		/	75						
27		0		/		/	76						
28		0		/		/	77						
29		0		/		/	78						
30		0		/		/	79						
31		0		/		/	80						
32		0		/		/	81						
33		0		32		/	82						
34							83						
35							84						
36							85						
37							86						
38							87						
39							88						
40							89						
41							90						
42							91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	1		1		1		TOTAL IND.						
TOTAL DEP.	36		33		32		TOTAL DEP.						
TOTAL CLAIMS	37		64		33		TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS